

Blueprint Expansion & Evaluation Committee Meeting Minutes of December 14, 2010

Attendees: D. Barton, P. Biron, G. Bjornson, P. Cobb, K. Cooney, N. Eldridge, S. Fine, L. Francis, S. Frey, L. Goetschius, A. Hawkinson, L. Hubbell, C. Jones, L. McLaren, R. Messier, S. Narkewicz, M. Phillips, L. Ruggles, N. Sarkar, J. Shaw, M. Scholten, R. Slusky, K. Smith, L. Watkins; J. Flynn-Weiss

The meeting opened at 8:40 a.m.

I. MAPCP Demo:

- CMS has begun the very detailed planning efforts with the 8 states selected to participate in the Multi-Payer Advanced Primary Care Practice Demonstration.
- CMS is currently focusing on developing a definition of attribution and the mechanics for making payments.
- CMS has requested that the New England states accept the same attribution definition.
- CMS's goal is to start payments by the middle of next year.
- CMS is working on providing us with claims data in a timelier manner.
- We are looking forward to a robust interactive evaluation system with CMS.
- CMS's roll out schedule will be the same as the Blueprint.
- We are in the process of developing a core analytic team to work with CMS.
- Medicare is trying to keep core principles as "common" as possible.
- We will forward CMS contact information to Project Managers when appropriate. Discussions taking place now are with high level program directors.

II. HSA Readiness Update:

- The legislative requirement is to have, at a minimum, two practices per HSA rolled out by July 2011.
- Dr. Watkins reported that routine weekly and biweekly calls are ongoing with the new HSA's.
- Three hospitals have consolidated to form one HSA in Brattleboro. (Brattleboro Memorial Hospital, Grace Cottage, Brattleboro Retreat)
- Our facilitators have been hired and are attending a rigorous training program developed by Jenney Samuelson. There are still some staffing needs in the southern part of the state.
- Practices are in various degrees of readiness.

- All the hospital service areas have DVHA Blueprint grants to help with their readiness efforts.

III. Staffing Update:

- VCHIP is in the process of hiring additional staff for NCQA scoring.
- There are two Blueprint Associate Director Positions currently open.
- Jenney Samuelson has taken on a new role as EQuIP Director. She will be managing/supervising the Facilitators.
- Jim Morgan has left the Blueprint and will now be working directly for the DVHA Business Office. Kate Jones, from the DVHA Business Office, will be doing the Blueprint contract work.

IV. Expansion Time Line (NCQA Recognition Queue, Insurer Implementation, HIT Progress)

- Dr. Watkins distributed the anticipated PPPM Date document which outlines the planned expansion to July 2011. This does not list practices beyond the July 2011 date.
- A lengthy discussion regarding the proposed timeline took place.
 - i. MVP representative, Lou McLaren expressed concern about practices going live prior to being fully Blueprint-recognized (NCQA recognition, CHT in place, HIT capacity demonstrated). MVP is not committed to adding practices that have not been fully recognized and who do not have Community Health Team/Care Coordination in place. MVP's budget does not include expansion beyond the legislative requirement of 2 practices per HSA. However, MVP does understand that there will be practices beyond the minimum requirement that will need to be paid for and is committed to supporting them financially. The issue for MVP is one of timing. Dr. Jones responded that legislation calls for a minimum of 2 practices per HSA. Some insurers have called for a more rapid expansion time line so that they can move their Disease Management dollars to the CHTs.
 - ii. Denis Barton, Bi-State, expressed concerns that it appears that project managers have only selected those health centers that are hospital affiliated. There are several ready and willing Community Health Centers that are eager to move forward. Dr. Watkins explained that the time line distributed today only goes to July, 2011 and that there are many FQHCs in the early roll-out (21 by July 2011). Many practices are listed after that date.
 - iii. Concern regarding the slowness of the scoring process was raised. Could practices have the scoring done by a different vendor? Dr. Jones stated that during early discussions the Blueprint Executive Committee and the Blueprint Expansion Design and Evaluation Committee deliberately decided to have a consistent independent scoring system. This would lend credibility to the scoring process.
 - iv. VCHIP faces time and funding challenges with regard to the NCQA scoring. Additional money is being added to the VCHIP grant to help with additional staffing. There is a growing national debate regarding the meaningfulness of scoring.

- v. A great deal of work and resources are needed to get a practice ready to be scored.
 - vi. We need to balance competing priorities in order to expand rapidly and efficiently. Much thought has been put into the expansion/timing list. If we have “down time” we must not sit still but use that opportunity to move the expansion forward. In other words, in addition to the legislative requirement of two practices in each HSA, we must continue to push other practices to the point of readiness. It would not make sense to put off new payments until July 1, 2011 if a practice is ready to move forward. A tracking sheet is being developed to show which practices are ready (or not ready) to move forward. The tracking document is a living working document which will be shared with this group once it is determined that the collected data is accurate.
 - vii. MVP would like to be notified of scoring 30 days prior to PPPM payment start date. BCBS needs scoring information by mid-month to implement payment by the first of the next month. More streamlined/ early communication would help prevent any confusion. A decision was made to increase the frequency of the currently scheduled Monthly Payment Implementation Work Group meetings.
 - viii. The issue of Corporate Surveys was introduced. The time and cost savings of using the Corporate Survey can be significant. Another advantage of using the Corporate Survey is that certain elements will be scored as an organization instead of site specific which potentially saves considerable time and resources. The downside is that the Corporate Surveys need to be done within a limited time frame. Renewal fees are very costly. Central Vermont’s contract expires on April 15th. Fletcher Allen is also using the Corporate Survey. Randy Messier will let us know their expiration date.
 - ix. Randy Messier reported that NCQA standards will change as of Jan. 1.
- V. Coordination with Related Efforts (VITL, Bi-State Facilitation)
- Ongoing process improvement work is happening simultaneously with VITL, Bi-State Facilitation. In addition to their work on behalf of the Blueprint, VITL’s goal is to meet Meaningful Use (MU) criteria. Our coaching goal is to put a durable set of highly skilled people around the state to guide ongoing quality improvement. This structure would support the team on a continual basis.
- VI. Blueprint Rules and Manual
- DVHA’s response to the Public comments are currently posted with the proposed rules (AHS Bulletin 10-19) on the DVHA website at:
<http://dvha.vermont.gov/budget-legislative/proposed-rule-changes>

- Please also be advised that an informal meeting on this response to comments relating to the proposed Vermont Blueprint for Health rules will be held Wednesday, December 22, 2010 from 3:00 p.m. - 4:30 p.m. in the DVHA Large Conference Room, 312 Hurricane Lane, Suite 201, Williston, Vermont

There being no further business, the meeting adjourned at 10:30 a.m.

The next meeting of the Blueprint Expansion, Design and Evaluation Committee will take place on:

Tuesday, February 8, 2011
8:30 – 10:30 a.m.
DVHA – Large Conference Room
312 Hurricane Lane
Williston

Amended 2-8-11